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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-12-12QU]

Proposed Data Collections Submitted for
Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 and send comments to Kimberly S. Lane, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

invited (a) Whether Comments are on: the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d)

ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Impact Evaluation of CDC's Colorectal Cancer Control Program (CRCCP) - New - National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Colorectal cancer (CRC) is the second leading cause of cancer deaths in the U.S., however, screening can effectively reduce CRC incidence and mortality. CDC's Colorectal Cancer Control Program (CRCCP) was established to increase population-level screening rates to 80 percent. Currently, 25 states and four tribal organizations receive CDC funds. The CRCCP is the first cancer prevention and control program funded by CDC emphasizing both the direct provision of screening services and broader screening promotion. CRCCP grantees are required to establish evidence-based colorectal cancer screening delivery programs for persons 50-64 years of age, focusing on asymptomatic persons at average risk for CRC with low incomes and inadequate or no

health insurance coverage for CRC screening. Approximately 33 percent of each grantee award may be used to fund the provision of screening and diagnostic tests. Additional program activities such as patient recruitment, patient navigation, provider education, quality assurance, and data management are also supported under this component of the program

The CRCCP offers a unique and important opportunity to evaluate the efficacy of this new public health model. CDC plans to conduct an impact evaluation to determine whether CRCCP program activities increase state-level colorectal cancer screening rates and other proximal outcomes. The impact evaluation will use a quasi-experimental, control group design with pre- and post-tests involving a total of six states: three CRCCP grantee states (Alabama, Nebraska, and Washington) represent the intervention programs and three non-CRCCP states (Tennessee, Oklahoma, and Wisconsin) represent the control states.

CDC plans to complete two cycles of information collection over a three-year period. The first information collection will be initiated in 2012 and the second information collection will be initiated in 2014. Three types of information will be collected at each time, including: 1) a general population survey administered by telephone with a state-based, representative,

cross-sectional, random sample of adults aged 50-75 (population survey); 2) a mail-back, written, survey of a state-based, representative sample of primary care providers (provider and 3) qualitative case studies of survey); implementation (case studies) based on interviews Colorectal Control Program staff, program evaluators, and state and local partners in both grantee and non-grantee states.

The general population survey includes questions related to knowledge of and attitudes toward colorectal cancer, history of colorectal cancer screening and intentions for future screening, and barriers to screening. The estimated burden per response is 23 minutes. The provider survey of primary care physicians includes questions related to knowledge of colorectal cancer screening quidelines and screening quality, office systems that support screening, and patterns of referrals to screening. The estimated burden per response is 12 minutes. For the case studies, interview guides will be used to conduct personal interviews with program staff and stakeholder to gather detailed information about colorectal cancer screening provision and promotion efforts. The estimated burden for each interview is one hour, although some interviews may be longer. Evaluation staff will also collect information through document review and field observation.

The information to be collected will be used to assess the impact of the CRCCP in improving proximal outcomes (e.g., provider knowledge, population attitudes) and in increasing population-level CRC screening rates. Results of the evaluation will be used to improve program performance, plan future public health programs, and improve efficiencies. OMB approval is requested for three years. The total estimated annualized burden hours are 2,393. There are no costs to respondents other than their time.

Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hr)	Total Burden (in hr)
General Population	Screener for the Colorectal Cancer Population Survey	9,600	1	5/60	800
General Population ages 50-75	Colorectal Cancer Population Survey	3,200	1	23/60	1,227
Eligible Primary Care Providers	Colorectal Cancer Screening Practices: Survey of Primary Care Providers	1,600	1	12/60	320
CRCCP Grantee	Interview	10	1		15

Program Staff	Guide:			1.5	
FIOGLAM SCALL	Program			1.5	
	Staff for				
	Grantee				
CRCCP Grantee	Program Interview				
Evaluators					
Evaluators	Guide:				
	Program	2	1	1	2
	Evaluator				
	for Grantee				
	Program				
Non-Grantee	Interview				
Program Staff	Guide:				
	Program	10	1		15
	Staff for		_	1.5	
	Nongrantee				
	Program				
Non-Grantee	Interview				
Evaluator	Guide:				
	Program				
	Evaluator	2	1	1	2
	for				
	Nongrantee				
	Program				
CRCCP State	Interview				
and Local	Guide:				
Sector	Grantee	4	1	1	4
Partners	Partner for	4	1	1	4
	Grantee				
	Program				
Non-grantee	Interview				
State and	Guide:	4	1	1	4
Local	Nongrantee	4	1	1	4
Partners	Partner				
CRCCP Private	Interview				
Sector	Guide:				
Partners	Grantee		_	_	
	Partner for	4	1	1	4
	Grantee				
	Program				
Non-grantee	Interview				
Private	Guide:	_	_	_	
Sector	Nongrantee	4	1	1	4
Partners	Partner				
		1		Total	2,393
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Ron A. Otten,

Director, Office of Scientific Integrity (OSI)

Office of the Associate Director for Science (OADS)

Office of the Director

Centers for Disease Control and Prevention

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